

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

32235
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin 2 Registration District No. 289

(b) Township 7th Comp 1 Primary Registration District No. 5404B Registered No. _____

(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis D. Hammond

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maey Hammond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 - 1901

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
<u>37</u>	<u>9</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Starving

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Starving acute Dilatation of Heart
Sept 12 39

Date of onset _____

Other contributory causes of importance: alcoholism 756

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

13. NAME F. D. Hammond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Laura Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Maey Hammond
(ADDRESS) Osola Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardens Point DATE 9/14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home
Osola Ave

20. FILED Oct 10 1939 J. Henderson
Local Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

Also, specify _____ (Signed) Loyal O. Gentry M.D.
Osola Ave (Address) Dunklin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

35

OCT 19 1939

RECEIVED

District Health Officer No. 3,

District File Number 1039-62

Date Filed 10/13/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, G. E.

or by W. J. ...

Registered Apprentice No. W. J. ... working under my personal supervision.

Signed W. J. ...

Licensed Embalmer No. W. J. ...

P. O. Address W. J. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.